

AUTHORIZATION TO RELEASE CLAIMS HISTORY

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In accordance with the provisions of Idaho Code § 9-340B(10)(c), the undersigned worker hereby authorizes the release of a copy of a computer claims history search of the last five (5) years of their workers' compensation claims from the records of the Idaho Industrial Commission to the employer, prospective employer or employer's agent identified below. The employer, prospective employer or agent, by their signature below, agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.

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Worker's Full Name:* _____

Other Names Used: _____

Worker's Address:* _____

Worker's Home Phone #: (____) _____

Worker's Social Security Number:* ____ - ____ - ____

Authorizing Individual Worker's Signature:* _____

Date Signed:* _____

I.C. RESPONSE/NOTE AREA:

Employer's Representative or Agent's Signature:* _____

Printed Name & Title:* _____

Representative's or Agent's Phone Number:* (____) _____

Employer/Prospective Employer or Agent:* _____

Mailing Address:* _____

**SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL
COMMISSION, ATTN: RECORDS MANAGEMENT, PO
Box 83720, BOISE, ID 83720-0041**

(* = Completion mandatory)